



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

Home Affairs Reference No. _____

VISA APPLICATION

Failure to complete this application form in full may result in the visa being delayed or refused.
Please use block letters and black ink only.

PERSONAL PARTICULARS

1. Surname	<input type="text"/>																									
2. First names (in full)	<input type="text"/>																									
3. Maiden name	<input type="text"/>																									
4. Date of birth	<div style="display: flex; justify-content: space-between;"> Y Y Y Y M M D D </div> <input type="text"/>																									
5. City of birth	<input type="text"/>																									
6. Country of birth	<input type="text"/>																									
7. Gender	<div style="display: flex; justify-content: space-between;"> Male <input type="checkbox"/> Female <input type="checkbox"/> </div>																									
8. Nationality													9. If acquired by naturalisation state original nationality and where and when present nationality was obtained													
10. Details of passport (a) Number													(b) Issuing authority													
(c) Date of expiry													(d) Type of document													
11. Present address																										
12. Period resident at this address													13. Telephone number													
14. Country of permanent residence													15. Period resident in that country													
16. Occupation/Profession																										
17. Name and address of employer, university, organisation etc. to which you are attached, attend or which you represent:																										
18. If self-employed, state name and nature of business:																										
19. Marital status																										
<div style="display: flex; justify-content: space-between;"> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> </div>																										
20. Full names of husband/wife (whether he/she accompanies you or not)													<input type="text"/>													
21. Maiden name of wife													<input type="text"/>													
22. Birth date of spouse													<div style="display: flex; justify-content: space-between;"> Y Y Y Y M M D D </div> <input type="text"/>													
													23. His/her nationality													

NB: SEPARATE FORMS MUST BE COMPLETED IN RESPECT OF PERSONS OVER THE AGE OF 16 AND CHILDREN UNDER THE AGE OF 16 TRAVELLING ON THEIR OWN PASSPORTS.

24. Particulars of children accompanying you and endorsed on your passport

Surname	First names	Date of birth	Place of birth
(1)
(2)
(3)
(4)

VISIT TO SOUTH AFRICA

25. Expected date of arrival.....	26. Port of arrival.....
27. Purpose of visit	
28. Duration of stay (months, weeks or days)	
29. Proposed residential address (not P.O. Box number) in RSA, including the full names of your host or hotel:	
30. Names of organisations/persons you will be contacting during your stay in the RSA:	
<i>Name</i>	<i>Address</i>
.....
.....
.....
31. Identify document number/immigration permit number of South African host	
Indicate by means of an X whichever is applicable	
32. Have you at any time applied for a permit to settle permanently in South Africa?	YES <input type="checkbox"/> NO <input type="checkbox"/>
33. Have you ever been restricted or refused entry into South Africa?	YES <input type="checkbox"/> NO <input type="checkbox"/>
34. Have you ever been deported from or ordered to leave South Africa?	YES <input type="checkbox"/> NO <input type="checkbox"/>
35. Have you ever been convicted of any crime in any country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
36. Is a criminal or civil enquiry pending against you or any of your dependents in any country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
37. Are you suffering from tuberculosis or any other infectious or contagious diseases or any mental or physical deficiency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
38. Give particulars if reply to one or more of questions 32 to 37 is in the affirmative	
.....	

TO BE COMPLETED IF OBJECT OF VISIT IS MEDICAL TREATMENT

39. A doctor's certificate confirming the necessity for treatment in the RSA, the nature of ailments and the dates of appointments with a South African doctor must be submitted.
(a) Name, address and telephone number of doctor/hospital/clinic you will visit in the RSA
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(b) Who is responsible for the medical expenses and hospital fees? Submit proof if paid by yourself/your medical scheme/employer
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TO BE COMPLETED ONLY BY PASSENGERS IN TRANSIT TO A FOREIGN COUNTRY

40. Destination after leaving the RSA.....
41. Mode of travel to destination.....
42. Intended date and port of departure from the RSA to that destination.....
43. Do you hold a visa/permit for temporary or permanent residence in the country of your destination? (Proof must be submitted)
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I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS GIVEN BY ME ARE TRUE IN SUBSTANCE AND IN FACT AND THAT I FULLY UNDERSTAND THE MEANING THEREOF. I FURTHER DECLARE THAT I DO NOT CONTEMPLATE EMPLOYMENT OR STUDY OR RESIDENCE IN SOUTH AFRICA.

..... Date Signature of applicant
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